

NON-HODGKIN'S LYMPHOMA (NHL)

DETAILED MEDICAL HISTORY

In the next series of questions, I'm going to ask about a wide variety of diseases, operations, and other medical conditions. Please consider the time period from your birth up until one year ago. If some event that I ask you about occurred for the first time within the past year, please do not include it.

There may be some questions that you can't answer precisely. When that happens, please try to give me an approximate answer, even if you think you might be off by a little.

CM-1. Before one year ago, did you ever have a blood transfusion?

YES 1
NO 2 (CM-6)

CM-2. Please tell me all of the conditions or surgical procedures for which you had a transfusion.

ASK CM-3 THROUGH CM-5 FOR EACH CONDITION
FOR WHICH A BLOOD TRANSFUSION WAS RECEIVED.
ONLY ASK CM-5 IF CM-3 > 1 TRANSFUSION OR DK.

CM-3. Before one year ago, how many transfusions did you have for (CONDITION/PROCEDURE)? IF DK, PROBE FOR CATEGORY.

|_|_| BLOOD TRANSFUSIONS

1 - 4 1
5 - 9 2
10 - 19 3
20 OR MORE 4

CM-4. (How old were you when you first had a transfusion for (CONDITION/PROCEDURE)/How old were you when you had it)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

CM-5. How old were you when you last had a transfusion for (CONDITION/PROCEDURE)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

CM-6. Before one year ago, did you ever have kidney dialysis?

YES 1
NO 2 (INTRO TO CM-9)

CM-7. When did you first have dialysis?

|_|_| - |_|_|_|_|
MO YR

CM-8. When did you last have dialysis?

|_|_| - |_|_|_|_|
MO YR

Now I would like to ask about different types of surgery. **Please be sure to include all biopsies and plastic, cosmetic, or reconstructive surgery, including laser surgery.**

CM-9. Before one year ago, did you ever have an organ transplant?

YES 1
NO 2 (INTRO TO CM-13)

CM-10. What organs were transplanted?

ASK CM-11 AND CM-12 FOR EACH ORGAN TRANSPLANT.

CM-11. What disease or diseases caused you to need (this/the ORGAN) transplant?

CM-12. When did you have this transplant?

| | | | - | | | | |
 MO YR

SURGERY	CM-13. (Before one year ago), did you ever have (SURGERY)?
Skin surgery a. Skin surgery anywhere on your body, including biopsies and surgeries to remove moles or cysts	YES..... 1 NO 2 IF "YES" TO SKIN (CM-13a), ADD: "For the rest of these questions, please don't repeat any skin surgery that you just told me about."
Surgery on your eyes b. Surgery involving your eyes or eyelids	YES..... 1 NO 2
Nose or sinus surgery c. Surgery on your nose or sinuses. (IF RESPONSE IS ADENOIDS, ASK: Were your adenoids operated on at the same time as your tonsils? IF RESPONSE IS NO, INCLUDE ADENOIDS HERE. IF RESPONSE IS YES, SAY: I will ask about your adenoids and tonsils a little bit later.)	YES..... 1 NO 2
Brain surgery d. Brain surgery	YES..... 1 NO 2
Surgery on your ears e. Surgery on your inner or outer ears	YES..... 1 NO 2
Face or jaw surgery f. Surgery on your face or jaw	YES..... 1 NO 2
Throat or neck surgery g. Surgery on your throat or neck. Please include your tonsils, vocal cords, or thyroid or parathyroid glands.	YES..... 1 NO 2
Breast surgery h. Surgery or biopsies on your breasts	YES..... 1 NO 2

Heart or lung surgery i. Surgery on your lungs or heart, including angiograms.	YES..... 1 NO 2
Other chest surgery j. Other surgery on your chest	YES..... 1 NO 2
Spleen surgery k. Surgery on your spleen	YES..... 1 NO 2
Kidney or bladder surgery l. Surgery on your kidneys or bladder	YES..... 1 NO 2
A Cesarean delivery m. (WOMEN ONLY) A Cesarean delivery	YES..... 1 NO 2
A vasectomy n. (MEN ONLY) A vasectomy	YES..... 1 NO 2
Surgical sterilization o. (WOMEN ONLY) Surgical sterilization or your tubes tied	YES..... 1 NO 2
Other surgery on your female organs p. (WOMEN ONLY) Any other surgery on your female organs. Please include biopsies and a total or partial hysterectomy.	YES..... 1 NO 2
Surgery on your prostate, testes, or penis q. (MEN ONLY) Other surgery on your prostate, testes, or penis, including biopsies	YES..... 1 NO 2
Surgery on your liver, gallbladder, or pancreas r. Surgery on your liver, gallbladder, or pancreas	YES..... 1 NO 2
Surgery on your appendix, stomach, or bowel s. Surgery on your appendix, stomach, or bowel, including your small intestines	YES..... 1 NO 2
Bone surgery t. Surgery on any of your bones, tendons, or joints. (Please <u>do not</u> include any surgery on your bones that you may have already told me about.)	YES..... 1 NO 2

Any other surgery u. Any other surgery that you have not already mentioned, including angiograms. Do not include dental surgery. (SPECIFY): _____	YES..... 1 NO 2
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<p style="text-align: center;">BOX CM-1</p> <p style="text-align: center;">FOR EACH "YES", IN CM-13, ASK TYPE, FREQUENCY, AGE-1, AND ANESTHESIA SUBROUTINES (EVENT = "this type of surgery"). DO <u>NOT</u> ASK "TYPE" FOR CM-13k, CM-13m, CM-13n, or CM-13o. THERE IS NO CYCLING THROUGH. THESE QUESTIONS SHOULD BE ASKED RIGHT AFTER EACH CM-13 (a-u).</p>

Now I'm going to ask about dental work. I will ask you separately about dental surgery, fillings, and cleanings.

CM-14. Before one year ago, did you ever have any teeth pulled?

YES..... 1
NO..... 2 (CM-14A)

<p style="text-align: center;">BOX CM-2</p> <p style="text-align: center;">IF YES TO CM-14, ASK FREQUENCY, AGE-1, AND ANESTHESIA SUBROUTINES (EVENT = "a tooth pulled").</p>
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CM-14A. (Before one year ago), did you ever have a root canal?

YES..... 1
NO..... 2 (CM-14B)

<p style="text-align: center;">BOX CM-2A</p> <p style="text-align: center;">IF YES TO CM-14A, ASK FREQUENCY, AGE-1, AND ANESTHESIA SUBROUTINES (EVENT = "a root canal").</p>
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CM-14B. (Before one year ago), did you ever have gum surgery?

YES..... 1
NO..... 2 (CM-14C)

<p style="text-align: center;">BOX CM-2B</p> <p style="text-align: center;">IF YES TO CM-14B, ASK FREQUENCY, AGE-1, AND ANESTHESIA SUBROUTINES (EVENT = "gum surgery").</p>

CM-14C. (Before one year ago,) did you ever have any other type of dental surgery?

YES..... 1
NO..... 2 (BOX CM-2D)

BOX CM-2C

IF YES TO CM-14C, ASK TYPE, FREQUENCY, AGE-1, AND ANESTHESIA SUBROUTINES
(EVENT = "other dental surgery").

BOX CM-2D

ONLY ASK CM-15 THROUGH CM-16 IF CM-14=1 OR CM-14A=1 OR CM-14B=1 OR CM-14C=1. OTHERWISE, GO TO CM-17.

CM-15. After (this dental surgery/any of these dental surgeries), did you take antibiotics to prevent or treat an infection?

YES..... 1
NO..... 2 (CM-17)

ONLY ASK CM-16 IF > 1 DENTAL SURGERY.

CM-16. After how many of the dental surgeries did you take antibiotics? IF DK, PROBE FOR CATEGORY.

|_|_| SURGERIES

1-2..... 01
3-4..... 02
5-9..... 03
10-14..... 04
15 OR MORE 05
ALL..... 06

CM-17. Before one year ago, about how many times did you have a cavity filled or have a crown or a cap put on a tooth? IF DK, PROBE FOR CATEGORY.

NONE..... 0 (CM-26)

|_|_| TIMES

LESS THAN 5..... 1

5-9..... 2

10-19..... 3

20 OR MORE 4

CM-18. Did you (ever) have novocaine for (this/these) procedure(s)? (Please do not include novocaine you received when you had dental surgery.)

YES..... 1

NO..... 2 (CM-26)

IF CM-17 = 01, GO TO CM-20.

CM-19. How many times? IF DK, PROBE FOR CATEGORY.

|_|_| TIMES

LESS THAN 5..... 1

5-9..... 2

10-19..... 3

20 OR MORE 4

ALL..... 5

CM-20. How old were you when you (first) had novocaine for dental fillings, crowns, or caps? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01

10-19..... 02

IN YOUR 20'S 03

IN YOUR 30'S 04

IN YOUR 40'S 05

IN YOUR 50'S 06

IN YOUR 60'S 07

IN YOUR 70'S 08

IF CM-17 = 01, GO TO CM-26.

CM-21. How old were you when you last had novocaine for these procedures? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-22 THROUGH CM-25 HAVE BEEN OMITTED.
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CM-26. During your adult life, but not including the past year, about how often were your teeth cleaned in a dentist's office? Would you say:

Never,	1	(BOX CM-3)
Less than once a year,.....	2	
Once a year,.....	3	
Twice a year,	4	
Three times a year, or.....	5	
More than three times a year.	6	

CM-27. Did you ever have novocaine for these cleanings?

YES.....	1	
NO.....	2	(BOX CM-3)

CM-28. About how many times? Would you say:

All of the time,.....	1
Most of the time,	2
Sometimes, or	3
Rarely?.....	4

CM-29. How old were you when you (first) had novocaine for a dental cleaning? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
 10-19 02
 IN YOUR 20'S 03
 IN YOUR 30'S 04
 IN YOUR 40'S 05
 IN YOUR 50'S 06
 IN YOUR 60'S 07
 IN YOUR 70'S 08

CM-30. How old were you when you last had novocaine before a cleaning? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
 10-19 02
 IN YOUR 20'S 03
 IN YOUR 30'S 04
 IN YOUR 40'S 05
 IN YOUR 50'S 06
 IN YOUR 60'S 07
 IN YOUR 70'S 08

BOX CM-3

ONLY ASK CM-31 IF CM-14=1 OR CM-14A=1 OR CM-14B=1 OR CM-14C=1, OR (CM-17 ≠ 0, DK, OR REFUSED) OR (CM-26 ≠ 0, DK, OR REFUSED). OTHERWISE, GO TO INTRO TO CM-35.

CM-31. Do you have mitral valve prolapse or any other medical condition for which you are routinely required to take antibiotics before dental surgery or other dental procedures?

YES..... 1
 NO..... 2 (INTRO TO CM-35)

CM-32. How old were you when you first took antibiotics before any (dental surgery) (or) (other) (dental procedures)?

|_|_| YEARS OLD

LESS THAN 10..... 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

CM-33 THROUGH CM-34 HAVE BEEN OMITTED.

The next series of questions ask about tattoos and ear and body piercing. Again, if these were done only in the past year, please answer no.

CM-35. Before one year ago, did you ever receive a permanent tattoo?

YES..... 1
NO..... 2 (CM-39)

CM-36. How many? IF DK, PROBE FOR CATEGORY.

|_|_| NUMBER

LESS THAN 5..... 1
5 OR MORE 2

CM-37. How old were you when you (first) had this done? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

IF CM-36 = 01, GO TO CM-39.

CM-38. How old were you the last time you got a permanent tattoo? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-39. Before one year ago, did you ever have your ears pierced?

YES.....	1
NO.....	2 (CM-43)

CM-40. In total, how many holes have you had pierced in your ears? If you've ever had an ear re-pierced, please count each separate time it was pierced. IF DK, PROBE FOR CATEGORY.

|_|_| HOLES

LESS THAN 5.....	1
5 OR MORE	2

CM-41. How old were you (when/the first time) you had your ears pierced? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

IF CM-40 = 01, GO TO CM-43.

CM-42. How old were you the last time you had your ears pierced? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

CM-43. Before one year ago, did you ever have holes pierced in any other part of your body for the purpose of wearing jewelry?

YES..... 1
NO..... 2 (CM-47)

CM-44. How many holes? If you've ever had a hole re-pierced, please count each piercing as a separate one. IF DK, PROBE FOR CATEGORY.

|_|_| HOLES

LESS THAN 5..... 1
5 OR MORE 2

CM-45. How old were you when this was (first) done? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
10-19 02
IN YOUR 20'S 03
IN YOUR 30'S 04
IN YOUR 40'S 05
IN YOUR 50'S 06
IN YOUR 60'S 07
IN YOUR 70'S 08

IF CM-44 = 01, GO TO CM-47.

CM-46. How old were you when this was last done? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-47. Now I'm going to read a list of illnesses. Before one year ago, were you ever diagnosed with:

IF R, SAYS DK: "IF YOU HAD THIS ILLNESS, YOUR DOCTOR PROBABLY WOULD HAVE TOLD YOU ITS NAME. SO, IF YOU DON'T KNOW, JUST ASSUME THAT YOU DIDN'T HAVE IT."

	<u>YES</u>	<u>NO</u>
a. Hodgkin's disease?	1	2
b. Leukemia?	1	2
c. Multiple myeloma?	1	2
d. Any other type of cancer not already asked about?	1	2

ONLY ASK CM-47d (1) IF CM-47d = 1.

(1) In what part of the body did this cancer start?

IF "SKIN CANCER" SPECIFIED IN CM-47d(1), ASK CM-47d(2).
OTHERWISE, GO TO BOX CM-3A.

(2) Was it malignant melanoma?

YES.....	1
NO.....	2

BOX CM-3A.

FOR EACH "YES" IN CM-47a-d, ASK CM-48.

CM-48. How old were you when you were first diagnosed with (CONDITION)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10..... 01
 10-19 02
 IN YOUR 20'S 03
 IN YOUR 30'S 04
 IN YOUR 40'S 05
 IN YOUR 50'S 06
 IN YOUR 60'S 07
 IN YOUR 70'S 08

CM-49 THROUGH CM-52 HAVE BEEN OMITTED.

The next set of questions is about viral infections. Please do not count an infection or condition if you were told you had it for the first time in the past year.

IF R, SAYS DK: "IF YOU HAD THIS ILLNESS, YOUR DOCTOR PROBABLY WOULD HAVE TOLD YOU ITS NAME. SO, IF YOU DON'T KNOW, JUST ASSUME THAT YOU DIDN'T HAVE IT."

VIRAL INFECTION	CM-53. (Before one year ago, were you ever told by a doctor or other health professional that you had) (VIRAL INFECTION)?	CM-54. ASK SUBROUTINES (EVENT = "this condition").
Chicken pox a. Chicken pox	YES 1 NO 2	ASK FREQUENCY AND AGE-1 SUBROUTINES.
Shingles b. Shingles	YES 1 NO 2	ASK FREQUENCY AND AGE-1 SUBROUTINES.
Herpes simplex or cold sores c. Herpes simplex or cold sores around the mouth or lips	YES 1 NO 2	ASK CM-55 AND AGE-1 SUBROUTINE.
Genital herpes d. Genital herpes	YES 1 NO 2	ASK CM-56 AND AGE-1 SUBROUTINE.
Hepatitis or other infectious liver disease e. Hepatitis or other infectious liver disease	YES 1 NO 2	ASK CM-57 AND AGE-1 AND MEDS SUBROUTINES.

Cirrhosis of the liver or liver damage f. Cirrhosis of the liver, liver damage, jaundice, yellow eyes, or brown urine	YES 1 NO 2	ASK AGE-1 SUBROUTINE.
Infectious mononucleosis g. Infectious mononucleosis	YES 1 NO 2	ASK DURATION AND AGE-1 SUBROUTINES.
Chronic fatigue syndrome h. Chronic fatigue syndrome	YES 1 NO 2	ASK DURATION AND AGE-1 SUBROUTINES.
The Epstein-Barr virus i. The Epstein-Barr virus	YES 1 NO 2	ASK DURATION AND AGE-1 SUBROUTINES.

GO TO CM-58

HERPES SIMPLEX QUESTION (CM-55)

CM-55. How many episodes of this did you have? Please count every outbreak, even those that were not diagnosed by a doctor. IF DK, PROBE FOR CATEGORY.

|_|_| NUMBER

- | | |
|------------------|---|
| 1 - 2..... | 1 |
| 3 - 4..... | 2 |
| 5 - 9..... | 3 |
| 10 - 14..... | 4 |
| 15 OR MORE | 5 |

GENITAL HERPES QUESTION (CM-56)

CM-56. How many episodes of genital herpes have you had? Please count every outbreak, even those that were not diagnosed by a doctor. IF DK, PROBE FOR CATEGORY.

|_|_| NUMBER

- | | |
|------------------|---|
| 1 - 2..... | 1 |
| 3 - 4..... | 2 |
| 5 - 9..... | 3 |
| 10 - 14..... | 4 |
| 15 OR MORE | 5 |

HEPATITIS QUESTION (CM-57)

CM-57. Which type or types of hepatitis or other infectious liver disease were you told that you had? Was it:

	<u>YES</u>	<u>NO</u>
a. Hepatitis A?	1	2
b. Hepatitis B?	1	2
c. Hepatitis C?	1	2
d. Non-A, non-B hepatitis?	1	2
e. Any other type of hepatitis? (SPECIFY).....	1	2

CM-58. Before one year ago, did a doctor ever tell you that you were infected with, or that you tested positive for:

	<u>YES</u>	<u>NO</u>
a. HTLV1?	1	2
b. HTLV2?	1	2

CM-59 AND CM-60 HAVE BEEN OMITTED.

The next series of questions asks about some other diseases. Again, please consider the time period before one year ago. Do not count a condition if you were told you had it for the first time within the past year.

IF R, SAYS DK: "IF YOU HAD THIS ILLNESS, YOUR DOCTOR PROBABLY WOULD HAVE TOLD YOU ITS NAME. SO, IF YOU DON'T KNOW, JUST ASSUME THAT YOU DIDN'T HAVE IT.

CONDITION	CM-61. (Before one year ago, were you ever told by a doctor or other health professional that you had) (CONDITION)?	CM-62. ASK SUBROUTINES AND OTHER QUESTIONS (EVENT = "this condition").
Diabetes		
a. Diabetes mellitus, also called sugar diabetes	YES1 NO2	ASK TYPE, AGE-2, AND MEDS SUBROUTINES.
b. Crohn's disease	YES1 NO2	ASK AGE-2 AND MEDS SUBROUTINES.
c. Ulcerative colitis	YES1 NO2	ASK AGE-2 AND MEDS SUBROUTINES.

d. Peptic ulcers	YES1 NO2	ASK AGE-2 AND MEDS SUBROUTINES.
e. Gallstones	YES1 NO2	ASK CM-62B AND AGE-2 SUBROUTINE.
Arthritis		
f. Any type of arthritis	YES1 NO2	ASK AGE-2 SUBROUTINE AND CM-63 THROUGH CM-65.
g. Hypertension or high blood pressure	YES1 NO2	ASK CM-66 THROUGH CM-68.
h. Rheumatic heart disease	YES1 NO2	ASK AGE-2 AND MEDS SUBROUTINES.
i. WOMEN ONLY: Endometriosis	YES1 NO2	ASK CM-70 AND AGE-2 SUBROUTINE.
j. Asthma	YES1 NO2	ASK AGE-2 SUBROUTINE AND CM-71 AND CM-72.
k. Eczema	YES1 NO2	ASK AGE-2 SUBROUTINE.
l. Contact dermatitis	YES1 NO2	ASK AGE-2 SUBROUTINE.
m. Lupus	YES1 NO2	ASK CM-73, AND AGE-2 AND MEDS SUBROUTINES.

CM-62A. Now look at the show card listing some rare conditions. Please tell me whether you were ever told by a doctor or other health professional, before one year ago, that you had any of them. (Which disease or diseases did you have?) (ENTER ALL THAT APPLY.)

SHOW CARD CM-1

NONE 00
 CELIAC DISEASE 01
 SJOGREN'S DISEASE OR SICCA SYNDROME 02
 MALARIA..... 03
 SARCOIDOSIS..... 04
 MYASTHENIA GRAVIS 05
 MULTIPLE SCLEROSIS 06
 POLYMYALGIA RHEUMATICA 07
 POLYMYOSITIS 08
 DERMATOMYOSITIS 09
 UVEITIS 10

FOR EACH CONDITION ENTERED IN CM-62A, SAY: "You said that you had (CONDITION)," AND ASK AGE-2 AND MEDS SUBROUTINES (EVENT = "this condition"). IF CM-62A = 03 (MALARIA), ASK CM-69 AND AGE-2 SUBROUTINE.

GO TO INTRODUCTION TO CM-74

GALLSTONES QUESTION (CM-62B)

CM-62B. Did your gallstones cause symptoms?

YES..... 1
NO..... 2

ARTHRITIS QUESTIONS (CM-63 THROUGH CM-65)

CM-63. Which type or types of arthritis were you told that you had? Was it:

	<u>YES</u>	<u>NO</u>
a. Rheumatoid arthritis?	1	2
b. Osteoarthritis, also called degenerative arthritis?	1	2
c. Some other form of arthritis? (SPECIFY).....	1	2

CM-64. Have any of the following joints become enlarged and chronically swollen because of your arthritis:

	<u>YES</u>	<u>NO</u>
a. Your knees?	1	2
b. Your hips?	1	2
c. Your fingers?	1	2
d. Your shoulders?.....	1	2
e. Your elbows?.....	1	2
f. Any other joint? (SPECIFY)	1	2

CM-65. Prior to one year ago, did you ever receive gold injections for your arthritis?

YES..... 1
NO..... 2

HIGH BLOOD PRESSURE QUESTIONS (CM-66 THROUGH CM-68)

CM-66. Please look at this card and tell me whether you ever took any of these medications for high blood pressure for a period of at least 6 months.

SHOW
CARD
CM-2

TOOK MEDS 1
DID NOT TAKE MEDS..... 2 (CM-68)

CM-67. How old were you when you first took these medications? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 20.....	01
IN YOUR 20'S	02
IN YOUR 30'S	03
IN YOUR 40'S	04
IN YOUR 50'S	05
IN YOUR 60'S	06
IN YOUR 70'S	07

CM-68. Prior to one year ago, did you ever take a diuretic or water pill for your high blood pressure for a period of six months or longer?

YES.....	1
NO.....	2

MALARIA QUESTION (CM-69)

CM-69. How many attacks of malaria did you have? Please consider attacks to be different if they occurred at least 1 month apart.

1	1
2 OR MORE	2

ENDOMETRIOSIS QUESTION (CM-70)

CM-70. For how many menstrual cycles did you take medication for endometriosis? IF DK, PROBE FOR CATEGORY.

|_|_| CYCLES

1 - 2.....	1
3 - 4.....	2
5 - 9.....	3
10 - 14.....	4
15 OR MORE	5

ASTHMA QUESTIONS (CM-71 AND CM-72)

CM-71. Not including the past year, did you ever take daily medication for your asthma for a period of at least 6 months?

YES.....	1
NO.....	2

CM-72. Again, not including the past year, how many times were you hospitalized or treated in an emergency room for your asthma? IF DK, PROBE FOR CATEGORY.

|_|_|_| TIMES

1 - 4..... 1
 5 - 14..... 2
 15 - 24..... 3
 25 - 49..... 4
 50 OR MORE 5

LUPUS QUESTION (CM-73)

CM-73. Was it systemic lupus erythematosus, referred to as "SLE", or another type of lupus?

SLE 1
 ANOTHER TYPE (SPECIFY)..... 6

The next set of questions asks about various types of infections that may be treated with antibiotics. Again, I am interested in the time period before one year ago, so please do not count an infection if you got it for the first time in the past year. Also, please do not count infections that were not treated.

IF R, SAYS DK: "IF YOU HAD THIS ILLNESS, YOUR DOCTOR PROBABLY WOULD HAVE TOLD YOU ITS NAME. SO, IF YOU DON'T KNOW, JUST ASSUME THAT YOU DIDN'T HAVE IT.

<p style="text-align: center;">INFECTION</p>	<p>CM-74. [Before one year ago, did you ever take (antibiotics/medications) for] (INFECTION)?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> USE = "antibiotics" FOR ALL CM-74 QUESTIONS EXCEPT "p". USE "medications" for "p". </div>	<p>CM-75. IF CM-74 = 1 OR 3, ASK CM-75 AND SUBROUTINES [EVENT = "(INFECTION) that was treated with (antibiotics/medications)"].</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> USE = "antibiotics" FOR ALL CM-75 QUESTIONS EXCEPT "p". USE "medications" FOR "p". </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> IF CM-74 = 3, ALWAYS USE "medications". </div>
<p>A sore throat, cough, cold, or flu</p> <p>a. A sore throat, cough, cold, or flu</p>	<p>YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3</p>	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ASK FREQUENCY AND AGE-3 SUBROUTINES. </div>

A sinus infection b. A sinus infection	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
Bronchitis c. Bronchitis	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
Pneumonia d. Pneumonia	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
An eye infection e. An eye infection or conjunctivitis, which is sometimes called "pink eye"	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
A middle ear infection f. A middle ear infection, which is also called otitis media	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
A gall bladder infection g. An infection of the gall bladder, also called cholecystitis	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
A kidney or bladder infection h. A kidney or bladder infection, sometimes called a urinary tract infection	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY, CM-76, AND AGE-3 SUBROUTINES.</div>
A brain infection, meningitis, or encephalitis i. A brain infection, meningitis, or encephalitis	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK TYPE, FREQUENCY, AND AGE-3 SUBROUTINES.</div>

Diverticulitis or another condition of the colon j. Diverticulitis, or another condition of the colon or large bowel (IF CROHN'S DISEASE OR ULCERATIVE COLITIS FOR WHICH R. TOOK ANTIBIOTICS IS MENTIONED, CODE AS "YES".)	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
A prostate infection k. MEN: An infection of the prostate	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK TYPE, FREQUENCY, AND AGE-3 SUBROUTINES.</div>
A genital infection such as gonorrhea, syphilis, chlamydia, or genital warts l. A genital infection such as gonorrhea, syphilis, chlamydia, or genital warts (IF WOMAN ADD:) "but not including yeast infections"	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK TYPE, FREQUENCY, AND AGE-3 SUBROUTINES.</div>
Brucellosis m. Brucellosis, following consumption of unpasteurized milk	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
Acne n. Acne	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY SUBROUTINE, AND CM-77 AND CM-78.</div>
Other skin infections o. Other boils, skin abscesses, or seriously infected pimples	YES 1 NO 2 TOOK MEDS, DK IF ANTIBIOTIC..... 3	<div style="border: 1px solid black; padding: 5px;">ASK FREQUENCY AND AGE-3 SUBROUTINES.</div>
Tuberculosis p. Tuberculosis	YES 1 NO 2	<div style="border: 1px solid black; padding: 5px;">ASK AGE-3 SUBROUTINE AND CM-79.</div>

GO TO CM-80

KIDNEY OR BLADDER INFECTION QUESTION (CM-76)

CM-76. Did (this infection/these infections) involve the:

- Kidney only,..... 1
- Bladder only, or 2
- Both kidney and bladder? 3

ACNE QUESTIONS (CM-77 AND CM-78)

CM-77. How old were you when you first took (antibiotics/medications) for your acne? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

- LESS THAN 10..... 01
- 10-19..... 02
- IN YOUR 20's..... 03
- IN YOUR 30's..... 04
- IN YOUR 40's..... 05
- IN YOUR 50's..... 06
- IN YOUR 60's..... 07
- IN YOUR 70's..... 08

CM-78. In total, for how many months or years did you take (antibiotics/medications) for acne? IF DK, PROBE FOR CATEGORY.

|_|_| MONTHS 1
|_|_| YEARS..... 2

- LESS THAN 3 MONTHS..... 1
- 3-5 MONTHS..... 2
- 6-11 MONTHS..... 3
- 1-5 YEARS..... 4
- MORE THAN 5 YEARS 5

TUBERCULOSIS QUESTION (CM-79)

CM-79. In total, for how many months or years were you treated with medications for tuberculosis? IF DK, PROBE FOR CATEGORY.

|_|_| MONTHS 1
|_|_| YEARS..... 2

- LESS THAN 3 MONTHS..... 1
- 3-5 MONTHS..... 2
- 6-11 MONTHS..... 3
- 1-5 YEARS..... 4
- MORE THAN 5 YEARS 5

CM-80. Before one year ago, were you ever told by a doctor or other health professional that you had a positive tuberculosis skin test, which was not treated with medications?

YES..... 1
NO..... 2 (BOX CM-4)

CM-81. Did you ever receive a tuberculosis vaccination such as BCG?

YES..... 1
NO..... 2 (CM-83)

CM-82. ASK AGE-1 SUBROUTINE (EVENT = "a tuberculosis vaccination")?

GO TO BOX CM-4.

CM-83. ASK AGE-1 SUBROUTINE (EVENT = "a positive tuberculosis skin test").

BOX CM-4

ONLY ASK CM-84 THROUGH CM-87 IF R. IS A WOMAN.

CM-84. Before one year ago, were you ever told by a doctor or other health professional that you had a vaginal yeast infection?

YES..... 1
NO..... 2 (CM-88)

CM-85. How many episodes of this did you have? Please count each infection, even those that were not diagnosed by a doctor. IF DK, PROBE FOR CATEGORY.

|__|__| TIMES

1-2..... 1
3-4..... 2
5-9..... 3
10-14..... 4
15 OR MORE 5

CM-86. ASK AGE-1 SUBROUTINE (EVENT = "a vaginal yeast infection").

CM-87. ASK MEDS SUBROUTINE (CONDITION = "this condition").

CM-88. Before one year ago, were you ever told by a doctor or other health professional that you had thrush?

YES..... 1
NO..... 2 (CM-91A)

CM-89. How many episodes of this did you have? Please count each infection, even those that were not diagnosed by a doctor. IF DK, PROBE FOR CATEGORY.

|_|_| TIMES

1-2..... 1
3-4..... 2
5-9..... 3
10-14..... 4
15 OR MORE 4

CM-90. ASK AGE-1 SUBROUTINE (EVENT = "thrush").

CM-91. ASK MEDS SUBROUTINE (CONDITION = "this condition").

CM-91A. Before one year ago, did you ever take antibiotics for a period of five or more days for a condition or procedure you have not already mentioned?

YES..... 1
NO..... 2 (CM-92)

CM-91B. ASK TYPE SUBROUTINE (FOR "condition or procedure") AND, FOR EACH TYPE GIVEN, ASK CM-91C THROUGH CM-91E.

CM-91C. [You said that you took antibiotics for (TYPE).] If you added up all the days that you took antibiotics for (TYPE), about how many days would that be? IF DK, PROBE FOR CATEGORY.

DAYS..... 1
|_|_|_| MONTHS..... 2
YEARS 3

LESS THAN 20 DAYS 1
20-99 DAYS 2
100 DAYS OR MORE 3

CM-91D. How old were you when you first took antibiotics for (TYPE)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

IF CM-91C = 01 DAY, GO TO CM-92.

CM-91E. How old were you when you last took antibiotics for (TYPE)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-92. Before one year ago, did you ever take corticosteroids, such as cortisone or prednisone?

YES.....	1
NO.....	2 (CM-97)

CM-93. If you added up all the days that you took corticosteroids, about how many days would that be? IF DK, PROBE FOR CATEGORY.

_ _ DAYS.....	1
_ _ MONTHS.....	2
_ _ YEARS	3

LESS THAN 20 DAYS	1
20-99 DAYS	2
100 DAYS OR MORE	3

CM-94. How old were you when you first took corticosteroids? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

IF CM-93 = 01 DAY, GO TO CM-96.

CM-95. How old were you when you last took corticosteroids? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-96. For what illnesses or conditions did you take corticosteroids?

CM-97. Before one year ago, did you ever take methotrexate?

YES.....	1
NO.....	2 (CM-102)

CM-98. If you added up all the days that you took methotrexate, about how many days would that be? IF DK, PROBE FOR CATEGORY.

_ _ DAYS.....	1
_ _ MONTHS.....	2
_ _ YEARS	3

LESS THAN 20 DAYS	1
20-99 DAYS	2
100 DAYS OR MORE	3

CM-99. How old were you when you first took methotrexate? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

IF CM-98 = 01 DAY, GO TO CM-101.

CM-100. How old were you when you last took methotrexate? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-101. For what illnesses or conditions did you take methotrexate?

CM-102. Up until one year ago, did you ever receive a vaccination to prevent you from getting the flu, referred to as a flu shot?

YES.....	1
NO.....	2 (CM-106)

CM-103. About how many flu shots have you gotten? IF DK, PROBE FOR CATEGORY.

|_|_|

1 - 2.....	1
3 - 4.....	2
5 - 9.....	3
10 OR MORE	4

CM-104. How old were you when you first got a flu shot? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

IF CM-103 = 01, GO TO CM-106.

CM-105. How old were you when you last got a flu shot? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-106. Up until one year ago, did you ever receive any vaccinations for travel to Asia?

YES.....	1
NO.....	2 (CM-109)

CM-107. For how many of these trips to Asia did you receive a vaccination? IF DK, PROBE FOR CATEGORY.

|_|_| TRIPS

1	1
2 TO 4	2
5 OR MORE	3

CM-108. At what age did you (first) get a vaccination to travel there? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-109. Up until one year ago, did you ever receive vaccinations for travel to Africa?

YES.....	1
NO.....	2 (CM-112)

CM-110. For how many of these trips to Africa did you receive a vaccination? IF DK, PROBE FOR CATEGORY.

|_|_| TRIPS

1	1
2 TO 4	2
5 OR MORE	3

CM-111. At what age did you (first) get a vaccination to travel there? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

CM-112. Up until one year ago, did you ever receive vaccinations for travel to Central or South America?

YES.....	1
NO.....	2 (END SECTION)

CM-113. For how many of these trips to Central or South America did you receive a vaccination? IF DK, PROBE FOR CATEGORY.

|_|_| TRIPS

1	1
2 TO 4	2
5 OR MORE	3

CM-114. At what age did you (first) get a vaccination to travel there? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

END OF MODULE

SHOW CARD CM-1

Diseases

- Celiac disease
- Sjogren's disease or sicca syndrome
- Malaria
- Sarcoidosis
- Myasthenia gravis
- Multiple sclerosis
- Polymyalgia rheumatica
- Polymyositis
- Dermatomyositis
- Uveitis

SHOW CARD CM-2

Medications for High Blood Pressure

- Procardia
- Nifedipine
- Adalat
- Cardizem
- Diltiazem
- Dilacor
- Norvaso
- Calan
- Verapamil
- Nicardipine
- Cardene (either the regular form or the slow-release form, which is followed by XL, SR, or CD)

FREQUENCY SUBROUTINE

FR-1. How many times did you have (EVENT)? IF DK, PROBE FOR CATEGORY.

|__|__| TIMES

1 - 2.....	1
3 - 4.....	2
5 - 9.....	3
10 - 14.....	4
15 OR MORE	5

TYPE SUBROUTINE

TYPE-1. Please describe the type of (SURGERY/INFECTION/CONDITION) that you had.

ANESTHESIA SUBROUTINE

ASK AN-1 IF ONLY ONE SURGERY (FR1=01).

AN-1. Were you put to sleep for this surgery?

YES.....	1 (END SERIES)
NO.....	2

ASK AN-2 IF > 1 SURGERY OR DK.

AN-2. For how many of these surgeries were you put to sleep? IF DK, PROBE FOR CATEGORY.

|__|__| SURGERIES

NONE.....	00
1 - 2.....	01
3 - 4.....	02
5 - 9.....	03
10 - 14	04
15 OR MORE	05
ALL.....	06 (END SUBROUTINE)

BOX AN-1

IF [FR-1 > "01" AND NUMBER IN FR-1 = NUMBER IN AN-2 (NOT INCLUDING CATEGORIES)], END SUBROUTINE.

AN-3. Were you given an injection to numb you without putting you to sleep for (this surgery/any of these surgeries)? Please include novocaine or lidocaine.

YES..... 1
NO..... 2 (END SUBROUTINE)

BOX AN-2

IF FR-1 = "01," END SUBROUTINE.

AN-4. For how many of these surgeries were you given an injection to numb you without putting you to sleep? IF DK, PROBE FOR CATEGORY.

|_|_| SURGERIES

NONE..... 00
1-2..... 01
3-4..... 02
5-9..... 03
10-14..... 04
15 OR MORE 05
ALL..... 06

DURATION SUBROUTINE

DUR-1. How long did it last? (IF R. SAYS HE OR SHE HAD IT MORE THAN ONCE, CONSIDER THE LONGEST EPISODE.) IF DK, PROBE FOR CATEGORY.

|_|_| WEEKS 1
|_|_| MONTHS..... 2
|_|_| YEARS 3

LESS THAN 1 MONTH..... 01
1-3 MONTHS..... 02
4-6 MONTHS..... 03
7-12 MONTHS..... 04
1-5 YEARS..... 05
MORE THAN 5 YEARS 06

MEDS SUBROUTINE

MEDS-1. Have you taken any medication for (CONDITION)?

YES..... 1
NO..... 2 (END SUBROUTINE)

MEDS-2. What medication did you take? Anything else?

AGE-1 SUBROUTINE

IF NUMBER OF EVENTS FROM FREQUENCY SUBROUTINE = "01," OMIT "first."

AGE1-1. How old were you when you (first) had (EVENT)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10 YEARS OLD.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

AGE-2 SUBROUTINE

AGE2-1. At what age were you when you were first diagnosed? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10 YEARS OLD.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08

AGE-3 SUBROUTINE

AGE3-1. How old were you (the first time)? IF DK, PROBE FOR CATEGORY.

|_|_| YEARS OLD

LESS THAN 10 YEARS OLD.....	01
10-19	02
IN YOUR 20'S	03
IN YOUR 30'S	04
IN YOUR 40'S	05
IN YOUR 50'S	06
IN YOUR 60'S	07
IN YOUR 70'S	08